

09-12-04 @ 1000 - still critical cond.



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: <u>B</u>		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: <u>09/11/04</u>	TIME: <u>1649 hrs</u>	INVESTIGATING TROOPER / OFFICER: <u>IFC. Benoit</u>	DPS CASE NUMBER: <u>DPS04-045651</u>
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): <u>NEPAUG STATE FOREST - NEW HARTFORD</u>			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION <u>Troop "B" is investigating a suspicious car fire in the Nepaug State Forest. The operator of the involved vehicle suffered severe burns and was flown by Life Star to the Burn Unit at Bridgeport Hospital where he was listed in critical condition.</u>			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <u>John F. Wasilewski</u> DOB: <u>08-23-41</u>		ADDRESS: (TOWN/CITY&STATE ONLY) <u>Apt C3</u> <u>270 Laurel St, Hartford Ct</u>	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:			
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	
BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:		INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:	
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB:	
ADDRESS:			
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	
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ADDRESS:			
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: _____ ID #: _____ DATE: _____			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS</u> . FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			